

IAP FY2006 Project Modification Form

For additional information on how to manage your grant, please see our website: www.in.gov/arts/grants/manage.

This form is to be used to notify the Indiana Arts Commission about any changes to your funded project. All artists receiving IAC grants are required under the terms of the Grant Agreement to complete this form at the time of grant notification, and also whenever they are aware of any significant changes to the approved budget or scope of the project. This includes changes to who, what, where, when, why or how. The IAC will review the project changes and determine if the modified project still warrants state funding. Grantees will be held accountable for delivering the type and level of services approved in this report, not the original application.

Artists submitting this form at the time of grant notification, who do not have any project or budget changes, may write "NO CHANGES" in the Revised Project Activities area below, sign the form on Page 2, and leave the remaining

information blank. (If you are completing this form electronically, data can only be entered in the shaded boxes. Hit the Tab key to move from section to section. After you complete this form, print out an original to be signed and mailed to the IAC.) **GRANT NUMBER: INDIVIDUAL NAME: TELEPHONE:** E-MAIL: **Revised Project Activities** In the space below, describe the anticipated changes to the project in terms of project goals, methods, key personnel, facilities, dates, and other important elements.

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Revised Budget

Personnel-specify: Personnel-specify:		Expense	In Kind Expense
•	t		
Personnel-specify:			
Facility Rental			
Travel/Transportation)			
Marketing/Publicity/Promotion postage/supplies/other			
Other-specify:			
Other-specify:			
Other-specify:			
TOTAL			
TOTAL PROJECT EXPENSE			
	_		
[Aut : 1		I	ncome
Artist cash:			
Donations:			
Other Grants-specify:			
Other-specify: Other-specify:			
. ,	Amount		
IAC Request	TOTAL		
TOTAL In Kind	-		
TOTAL III KIIIG			
TOTAL PROJECT I	NCOME		
ASSURANCES: The undersigned certifies (1) that s/he is a principlicate it, and (2) the information provided in this report is true and an arts Commission, incorporated herein by reference, and a federal and state statutes prohibiting discrimination against any porigin, gender, age, or physical or mental disability.	and correct the Grante	ct, and (3) spee will comp	he has read the guidly with all guideline

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